

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31633

FILED  
Feb 02, 2011  
Secretary of State

**Entity Name:** THOMAS MEMORIAL FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

14235 PRIM POINT LN.  
FT. MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

14235 PRIM POINT LN.  
FT. MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 58-1909736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAHAN, SUSAN T  
14235 PRIM POINT LANE  
FT. MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HAMILTON, III, ALLEN S  
Address: 7004 RICHLAND CT.  
City-St-Zip: ROSWELL, GA 30076

Title: D  
Name: SCHEXNAILDRE, SUSAN H  
Address: 102 COTTONWOOD DR  
City-St-Zip: HOUMA, LA 70360

Title: DT  
Name: HAMILTON, LEE T  
Address: 5316 ARROWSHIRE DR  
City-St-Zip: LAGRANGE, KY 40031

Title: DVP  
Name: HAMILTON, II, ELWOOD  
Address: 1013 LODGEHILL RD  
City-St-Zip: LOUISVILLE, KY 40223

Title: D  
Name: HAMILTON, CHARLES M  
Address: 12541 ALLENDALE CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

Title: D  
Name: GOSS, JANE H  
Address: 24 LYTHAM LANE  
City-St-Zip: DURHAM, NC 27707

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN T. MAHAN

SECY

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date